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PTO/SB/21 (09-04)

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FORM

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Total Number of Pages in This Submission

2

Application Number

10/774,137

Filing Date

02-09-2004

First Named Inventor

FIELD

Art Unit

2875

Examiner Name

Cantor


Attorney Docket Number

6558-0502

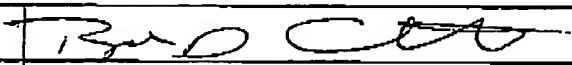
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Chabot & Associates		
Signature			
Printed name	Ralph D. Chabot		
Date	12-22-2005	Reg. No.	39,133

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Ralph D. Chabot
Date	12-22-2005

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DEC 22 2005

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/774,137
Filing Date	02/09/2004
First Named Inventor	FIELD
Art Unit	2875
Examiner Name	Cartor
Attorney Docket Number	6558-0502

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

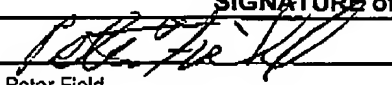
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Peter Field		
Date	12-22-2005	Telephone	805-373-7006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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